

PANDEMIC FLU

Personal Emergency Plan

Before a pandemic happens, make a plan and share it with others so they know what to do. Change the date when you review and update your plan every six months.

To plan for a pandemic:

- ☐ Gather emergency contact information (page 2).
- ☐ Talk with loved ones and neighbors about how they would be cared for if they got sick (page 3).
- ☐ Keep medical information up to date (page 4).
- ☐ Record other important information, such as insurance policies or veterinarians (page 5).
- ☐ Store a two week supply of water, food, medications and supplies (page 6).

To limit the spread of germs and prevent illness in your household, teach everyone to:

- ☐ Wash their hands often with soap and water.
- ☐ Cover coughs and sneezes.
- ☐ Stay away from people who are sick.
- ☐ Stay home from work and school if they are sick.

Know where to get accurate and reliable information:

www.pandemicflu.gov

www.njflupandemic.gov

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EMERGENCY CONTACTS	
Contact	Name/phone number/email address
Local personal emergency contact	
Out-of-town personal emergency contact	
Local public health department	
Hospital	
Pharmacy	
Employer contact and emergency information	
School contact and emergency information	
Religious or spiritual organization	
Funeral home services	
Other	

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During a flu pandemic, schools may be closed for weeks. You may need someone to care for members of your household if you cannot be there for them or if you become sick. Look for more than one option. Don't forget to include yourself and your pets.

If you are not able to take off from work, take turns caring for children. Identify friends, neighbors and relatives who can help with child care. Have no more than 5 children per household. Reduce this number for infants and toddlers. It's okay to move children to different homes but keep the same children together.

CARE PLAN		
Household member	Care provider	Phone number/email address
	Provider:	
	Back-up:	
	Provider:	
	Back-up:	
	Provider:	
	Back-up:	
	Provider:	
	Back-up:	
	Provider:	
	Back-up:	

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MEDICAL INFORMATION	
Name:	Date of birth:
Doctor name and number:	Social security number:
Allergies/allergy medication:	Blood type:
Past/current medical conditions:	Pneumococcal vaccination date ¹ :
Current medication/dosages:	Advance directive ² : <input type="checkbox"/> Yes <input type="checkbox"/> No

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Past/current medical conditions:	Pneumococcal vaccination date ¹ :
Current medication/dosages:	Advance directive ² : <input type="checkbox"/> Yes <input type="checkbox"/> No

¹ Pneumococcal vaccination is recommended for those: under 5 years old, 65 years or older, or have certain medical conditions.

² Keep a copy of the advance care directive [see www.state.nj.us/health/healthfacilities/publications.shtml] with your plan.

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INSURANCE INFORMATION (life, medical, homeowners)				
Policy holder	Company name/ policy type	Policy number	Phone number	Persons covered

PET INFORMATION		
Pet	Pet license number and expiration date	Veterinarian name and phone number

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EMERGENCY FOOD AND SUPPLIES	
Examples of foods that do not spoil easily or quickly and do not need refrigeration	Examples of medical, health and emergency supplies
<p>Store a two-week supply of water and food*</p> <ul style="list-style-type: none"> <input type="checkbox"/> Bottled water – one gallon per person per day for drinking and sanitation <input type="checkbox"/> Ready-to-eat canned meats, fish, fruits, vegetables, beans and soup <input type="checkbox"/> Protein or fruit bars <input type="checkbox"/> Dry cereal or granola <input type="checkbox"/> Peanut butter or nuts <input type="checkbox"/> Dried fruit <input type="checkbox"/> Crackers <input type="checkbox"/> Canned juices <input type="checkbox"/> Canned or jarred baby food and formula <input type="checkbox"/> Pet food <input type="checkbox"/> Other nonperishable foods 	<ul style="list-style-type: none"> <input type="checkbox"/> Prescribed medical supplies such as glucose and blood pressure monitoring equipment <input type="checkbox"/> Soap and water, or alcohol based (60–90%) hand wash <input type="checkbox"/> Medicines for fever, such as acetaminophen or ibuprofen <input type="checkbox"/> Thermometer <input type="checkbox"/> Anti-diarrheal medication <input type="checkbox"/> Vitamins <input type="checkbox"/> Fluids with electrolytes <input type="checkbox"/> Cleaning agent/soap <input type="checkbox"/> Flashlight <input type="checkbox"/> Batteries <input type="checkbox"/> Portable radio <input type="checkbox"/> Manual can opener <input type="checkbox"/> Garbage bags <input type="checkbox"/> Tissues, toilet paper and disposable diapers
<p>Money</p> <ul style="list-style-type: none"> <input type="checkbox"/> If possible, keep money in a savings account only to be used in an emergency. <input type="checkbox"/> Keep a small amount of cash at home. Small bills may be easier to use. 	
<p>Other items</p>	
<div style="border: 1px solid black; height: 150px; width: 100%;"></div>	

* For shelf-life of foods for storage, rotation guidelines, tips for using the water stored in your house pipes, and other information, refer to your print-out of the *Food and Water in an Emergency* resource (www.fema.gov/pdf/library/f&web.pdf).